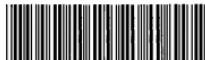


Issue Classification 	Application No.		Applicant(s)	
	10/001,364		HOHBERGER ET AL.	
	Examiner	Art Unit		
	An H. Do	2853		

ORIGINAL			CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
347	2	156	350	384					
INTERNATIONAL CLASSIFICATION									
B	4	1	J	3/00					
B	3	2	B	31/00					
			/						
			/						
			/						
AN H. DO 21 April 2004 (Assistant Examiner) (Date)			 Stephen D. Meier Primary Examiner Stephen D. Meier Primary Examiner (Primary Examiner) (Date)						
JOKAN 5/3/04 (Legal Instruments Examiner) (Date)			Total Claims Allowed: 63 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">O G Print Claim(s)</td> <td style="width: 50%;">O G Print Fig</td> </tr> <tr> <td>194</td> <td>3</td> </tr> </table>			O G Print Claim(s)	O G Print Fig	194	3
O G Print Claim(s)	O G Print Fig								
194	3								

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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2		32		62	92	122	152
3		33		63	93	123	153
4		34		64	94	124	154
5		35		65	95	125	155
6		36		66	96	126	156
7		37		67	97	127	157
8		38		68	98	128	158
9		39		69	99	129	159
10		40		70	100	130	160
11		41		71	101	131	161
12		42		72	102	132	162
13		43		73	103	133	163
14		44		74	104	134	164
15		45		75	105	135	165
16		46		76	106	136	166
17		47		77	107	137	167
18		48		78	108	138	168
19		49		79	109	139	169
20		50		80	110	140	170
21		51		81	111	141	171
22		52		82	112	142	172
23		53		83	113	143	173
24		54		84	114	144	174
25		55		85	115	145	175
26		56		86	116	146	176
27		57		87	117	147	177
28		58		88	118	148	178
29		59		89	119	149	179
30		60		90	120	150	180

Issue Classification			Application No.	Applicant(s)	
			10/001,364	HOHBERGER ET AL.	
			Examiner	Art Unit	
			An H. Do	2853	

ISSUE CLASSIFICATION			CROSS REFERENCE(S)		
CLASS	ORIGINAL SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
INTERNATIONAL CLASSIFICATION					
	/				
	/				
	/				
	/				
(Assistant Examiner) (Date)			(Primary Examiner) (Date)		
(Legal Instruments Examiner) (Date)			Total Claims Allowed:		
			O.G. Print Claim(s)		O.G. Print Fig.

(continued)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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15	213	50	243		273		303
25	214	51	244		274		304
26	215	55	245		275		305
27	216	56	246		276		306
28	217	57	247		277		307
29	218	53	248		278		308
30	219	54	249		279		309
32	220	52	250		280		310
33	221	58	251		281		311
31	222	59	252		282		312
34	223	60	253		283		313
35	224	61	254		284		314
18	225	62	255		285		315
36	226	63	256		286		316
37	227				257		317
38	228				287		347
39	229				288		318
40	230				289		319
19	231				290		320
20	232				291		321
21	233				292		322
41	234				293		323
42	235				294		324
43	236				295		325
44	237				296		326
45	238				297		327
46	239				298		328
47	240				299		329
					300		330